



PTO/SB/83 (09-04)

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/996,283
Filing Date	November 27, 2001
First Named Inventor	Parenty, Thomas J.
Art Unit	2131
Examiner Name	Hayes, Gail O.
Attorney Docket Number	020906-000120US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of files to new firm.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Romy L. Celli				
Address	Sughrue Mion, PLLC 401 Castro Street, Suite 220				
City	Mountain View	State	CA	Zip	94041-2007
Country	USA				
Telephone	650-526-8100			Fax	650-625-8110
Signature					
Name	Richard T. Ogawa			Registration No.	37,692
Date	9/15/05			Telephone No.	(650) 326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.